

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/787196** FILING DATE

APPLICANT(S)

Amend B

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1ST AMENDMENT	IND.	DEP.	2ND AMENDMENT		
1	/	/				
2	/	/				
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TOTAL IND.	7	0	5	0		
TOTAL DEP.	39	0	35	0		
TOTAL CLAIMS	46	0	40	0		

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		IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS